

**CERTIFICATION BY THE CANDIDATE**

I, \_\_\_\_\_, the candidate named herein, hereby certify by self-subscribing oath that:

1. I will qualify under the law for the office which I am seeking;
2. I have determined that all of the information on my nomination papers is true and correct (except for that information provided by the voters who signed my nomination papers); and
3. I am in compliance with Section 831-2, HRS, (Rights Lost), dealing with felons.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CERTIFICATION BY ELECTED STATE AND COUNTY OFFICERS  
WHO ARE CANDIDATES FOR ANOTHER STATE OR COUNTY OFFICE**

I further certify by self-subscribing oath that I have complied with Article II, Section 7, of the Constitution of the State of Hawaii (Resignation from Public Office) and qualify under the law to be a candidate for another State or County office.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**MAILING ADDRESS**

My mailing address is \_\_\_\_\_

**NAME TO BE PRINTED ON THE BALLOT**

Your ballot name, including any Hawaiian or English equivalent or nickname, is limited to a **maximum of 27 typed spaces**. This includes all letters, spaces, and punctuation marks. Titles are not allowed.

Name I want printed on the ballot is:

Name on Ballot  
(27 spaces only)

Use this format: LASTNAME, First M. I., Jr. (Nickname).

**ISSUED BY**

Office of \_\_\_\_\_

Date \_\_\_\_\_

At \_\_\_\_\_ o'clock \_\_\_\_\_ m.

By \_\_\_\_\_

**RECEIVED BY**

Office of \_\_\_\_\_

Date \_\_\_\_\_

At \_\_\_\_\_ o'clock \_\_\_\_\_ m.

By \_\_\_\_\_

Complete **EITHER** Oath of Loyalty **OR** Affirmation

**OATH OF LOYALTY**

I, \_\_\_\_\_, do solemnly swear and declare, on oath that if elected to office I will support and defend the Constitution and laws of the United States of America, and the Constitution and laws of the State of Hawaii, and will bear true faith and allegiance to the same; that if elected I will faithfully discharge my duties as Board of Education Member to the best of my ability; that I take this obligation freely, without any mental reservation or purpose of evasion; So help me God.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**AFFIRMATION**

I, \_\_\_\_\_, do solemnly, sincerely and truly affirm and declare, that if elected to office I will support and defend the Constitution and laws of the United States of America, and the Constitution and laws of the State of Hawaii, and will bear true faith and allegiance to the same; that if elected I will faithfully discharge my duties as Board of Education Member to the best of my ability; that I take this obligation freely, without any mental reservation or purpose of evasion.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Hawaii

My Commission Expires: \_\_\_\_\_  
or

By \_\_\_\_\_  
Clerk or Public Officer authorized to administer oaths.

(Page 4)

**NOTICE:** Pursuant to State law, nomination papers that are incomplete and/or nomination papers that have been altered by anyone other than the Chief Election Officer or the County Clerk will not be accepted for filing.

[illegible]

Signatory Verification: No. valid: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

## BOARD OF EDUCATION

## JUNTA (BOARD) TI EDUKASION

## 教 育 局

## NOMINATION PAPER FOR

PAPEL ITI PANAKADUTOK NI

候補者推薦用紙

LEGAL NAME:	FIRST NAME	MIDDLE NAME OR INITIAL(S)	LAST NAME
NAME COMMONLY KNOWN AS:	FIRST NAME	MIDDLE NAME OR INITIAL(S)	LAST NAME
RESIDENCE ADDRESS:	HOUSE NUMBER	STREET NAME	APARTMENT NO.
	CITY OR TOWN	ZIP CODE	COUNTY

NOTE: HRS §11-15 in conjunction with HRS §12-4 requires the provision of a social security number by each signer or else the signature will not be counted. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

## ELECTORAL JURISDICTION (SELECT ONE)

## MASAKUPAN TI PANAGPIPILI (Mangpilika iti maysa)

## 選挙区 (一つを選んでください)

I AM A RESIDENT OF THE \_\_\_\_\_ SCHOOL BOARD DISTRICT AND CHOOSE TO SEEK A SEAT REQUIRING RESIDENCY IN THE \_\_\_\_\_ DEPARTMENTAL SCHOOL DISTRICT.



Agnaedak iti junta ti Distrito dagiti Eskuela ti \_\_\_\_\_ ket kayatko ti papili iti takem a masapul iti panagnaed iti Distrito ti Departamento ti Eskuela ti \_\_\_\_\_.

私は第\_\_\_\_\_教育学区の居住者で、\_\_\_\_\_学区の居住者であることを条件とする職務に立候補いたします。

I AM A RESIDENT OF THE FIRST SCHOOL BOARD DISTRICT AND CHOOSE TO SEEK A SEAT WITHOUT A RESIDENCY REQUIREMENT IN DEPARTMENTAL SCHOOL DISTRICT.



Agnaedak iti umona a junta ti Distrito ti Eskuela ket kayatko ti papili iti takem a saan nga masapul ti panagnaed iti Distrito ti Departamento ti Eskuela.

私は第一教育学区の居住者で、当該教育学区の居住条件を必要としない職務立候補いたします。

## INFORMATION FOR CANDIDATES ONLY:

YOU MUST OBTAIN VALID SIGNATURES FROM AT LEAST 25 PERSONS WHO ARE REGISTERED TO VOTE IN THE SCHOOL BOARD DISTRICT CONCERNED.

We, by signature hereon, nominate the person named above as a candidate on the ballot to be voted on at the next Primary or Special Election and we declare that we are duly registered voters and that we are eligible to vote for the candidate. We understand that we may sign nomination papers for only one candidate for a particular elective office if there is only one seat available. If more than one seat is available for election, then we may sign as many nomination papers as there are available seats.

Dakami, babaen ti panagpirmami ditoy, dutokanmi ti tao a nainaganan iti ngato a kas papili iti balota a mabotosan inton sumaruno a Panagpipili Primaria wenno Naisangayan a Panagpipili ken ipaneknekmi a nainkalintegan ti panakailista dagiti naganmi iti listaan dagiti mabalin nga agpili iti sumaruno a panagpipili. Maawatanmi a mabalinmi ti agpirma iti papel a mangdutok iti maysa laeng a papili nga agpaay iti maitutop a pagtakeman no maymaysa laeng iti takem a kasapulan. No nasursurok ngem maysa iti takem a kasapulan iti panagpipili, iti kasta mabalinmiiti agpirma kadagiti papeles a pangdutok a kas iti bilang dagiti pagtakeman a kasapulan.

我々は、上記の人物を次期予備選挙および特別選挙における候補者としてここに署名し、推薦します。そして我々が正当に登録した選挙人であり、次期選挙において当該候補者のために投票する資格を有するものであることを誓います。選挙される職務が一つの場合、その職務について一名の候補者のみを推薦し、署名すべきことを我々は理解しています。選挙される職務が二つ以上ある場合は、職務の数だけの推薦用紙に署名しても良いことを理解しています。

**NOTICE: Any person who knowingly takes an oath on the nomination papers and wilfully makes any false statement of fact while under oath therein may be guilty of voter fraud which is a Class C felony, punishable by up to five years imprisonment and a \$10,000 fine.**

**CERTIFICATION BY THE CANDIDATE**

I, \_\_\_\_\_, the candidate named herein, hereby certify by self-subscribing oath that:

1. I will qualify under the law for the office which I am seeking;
2. I have determined that all of the information on my nomination papers is true and correct (except for that information provided by the voters who signed my nomination papers); and
3. I am in compliance with Section 831-2, HRS, (Rights Lost), dealing with felons.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CERTIFICATION BY ELECTED STATE AND COUNTY OFFICERS  
WHO ARE CANDIDATES FOR ANOTHER STATE OR COUNTY OFFICE**

I further certify by self-subscribing oath that I have complied with Article II, Section 7, of the Constitution of the State of Hawaii (Resignation from Public Office) and qualify under the law to be a candidate for another State or County office.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**MAILING ADDRESS**

My mailing address is \_\_\_\_\_

**NAME TO BE PRINTED ON THE BALLOT**

Your ballot name, including any Hawaiian or English equivalent or nickname, is limited to a **maximum of 27 typed spaces**. This includes all letters, spaces, and punctuation marks. Titles are not allowed.

Name I want printed on the ballot is:

Name on Ballot  
(27 spaces only)

Use this format: LASTNAME, First M. I., Jr. (Nickname).

**ISSUED BY**

Office of \_\_\_\_\_

Date \_\_\_\_\_

At \_\_\_\_\_ o'clock \_\_\_\_\_ m.

By \_\_\_\_\_

**RECEIVED BY**

Office of \_\_\_\_\_

Date \_\_\_\_\_

At \_\_\_\_\_ o'clock \_\_\_\_\_ m.

By \_\_\_\_\_

Complete **EITHER** Oath of Loyalty **OR** Affirmation

**OATH OF LOYALTY**

I, \_\_\_\_\_, do solemnly swear and declare, on oath that if elected to office I will support and defend the Constitution and laws of the United States of America, and the Constitution and laws of the State of Hawaii, and will bear true faith and allegiance to the same; that if elected I will faithfully discharge my duties as Office of Hawaiian Affairs Trustee to the best of my ability; that I take this obligation freely, without any mental reservation or purpose of evasion; So help me God.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**AFFIRMATION**

I, \_\_\_\_\_, do solemnly, sincerely and truly affirm and declare, that if elected to office I will support and defend the Constitution and laws of the United States of America, and the Constitution and laws of the State of Hawaii, and will bear true faith and allegiance to the same; that if elected I will faithfully discharge my duties as Office of Hawaiian Affairs Trustee to the best of my ability; that I take this obligation freely, without any mental reservation or purpose of evasion.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Hawaii

My Commission Expires: \_\_\_\_\_  
or

By \_\_\_\_\_  
Clerk or Public Officer authorized to administer oaths.

(Page 4)

**NOTICE:** Pursuant to State law, nomination papers that are incomplete and/or nomination papers that have been altered by anyone other than the Chief Election Officer or the County Clerk will not be accepted for filing.

**SPECIMEN**

Signatory Verification: No. valid: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



**BOARD OF TRUSTEES, OFFICE OF HAWAIIAN AFFAIRS**  
**Papa Kahuwaiwai, Ke'ena O Nā Kuleana Hawai'i**

**NOMINATION PAPER FOR**

Palapala Waiho Inoa No

LEGAL NAME	FIRST NAME Inoa Mua	MIDDLE OR INITIAL(S) Hua Waena	LAST NAME Inoa Hope
NAME COMMONLY KNOWN AS:	FIRST NAME Inoa Mua	MIDDLE OR INITIAL(S) Hua Waena	LAST NAME Inoa Hope
RESIDENCE ADDRESS:	HOUSE NUMBER Helu Hale	STREET NAME Inoa Alanui	APARTMENT NO. Helu Ke'ena Noho
	CITY OR TOWN Kulanakauhale	ZIP CODE Helu Zip	COUNTY Kalana

**NOTE:** HRS §11-15 in conjunction with HRS §12-4 requires the provision of a social security number by each signer or else the signature will not be counted. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

**ELECTORAL JURISDICTION (SELECT ONE)****No Ke Kū 'Ana I Nā Kānāwai Koho Pāloka (E Koho I Ho'okahi)**

- ☐ I AM A RESIDENT OF THE ISLAND OF \_\_\_\_\_, STATE OF HAWAII, AND CHOOSE TO SEEK A SEAT REQUIRING RESIDENCY ON MY ISLAND (ISLAND SEAT).  
 He mea noho au o ka mokupuni 'o \_\_\_\_\_, MOKU'ĀINA'O HAWAI'I, a koho au e 'imi i ke kūlana e koi 'ia nei ko'u noho ma ko'u mokupuni iho (Kūlana Noho Mokupuni).
- ☐ I AM A RESIDENT OF THE STATE OF HAWAII, AND CHOOSE TO SEEK A SEAT WITHOUT ANY ISLAND RESIDENCY REQUIREMENT.  
 He mea noho au o ka MOKU'ĀINA 'O HAWAI'I, a koho au e 'imi i ke kūlana i koi 'ole 'ia au e noho ma kekahi mokupuni.

**INFORMATION FOR CANDIDATES ONLY:**

YOU MUST OBTAIN VALID SIGNATURES FROM AT LEAST 25 PERSONS WHO ARE REGISTERED TO VOTE IN THE OFFICE OF HAWAIIAN AFFAIRS, BOARD OF TRUSTEES SPECIAL ELECTION.

**He Ho'omaopopo 'Ana No Nā Moho Wale Nō:**

He mea pono e loa'a nā pūlima inoa 'a'ole ma lalo mai o nā kānaka he iwakāluakūmālima no lākou ke kuleana e koho i ke Koho Kūikawā 'o ka Papa Kahuwaiwai o ke Ke'ena o nā Kuleana Hawai'i.

We, by signature hereon, nominate the person named above as a candidate for the election of members of the Board of Trustees of the Office of Hawaiian Affairs on the ballot to be voted at the next Special Election. We declare that we are duly qualified and registered voters for the Special Election of members of the Board of Trustees of the Office of Hawaiian Affairs.

'O mākou ia ma ko mākou pūlima inoa 'ana e koho nei i Ka mea i hō'ike 'ia ma luna i moho no ke koho o nā lāla o ka Papa Kahuwaiwai o ke Ke'ena o nā Kuleana Hawai'i no ka pāloka e koho 'ia ana i ke Koho Kūikawā a'e. Ke hō'ike nei mākou he po'e kū i nā kānāwai koho pāloka mākou no ke Koho Kūikawā o nā lāla o ka Papa Kahuwaiwai o ke Ke'ena o nā Kuleana Hawai'i.

**NOTICE:** Any person who knowingly takes an oath on the nomination papers and wilfully makes any false statement of fact while under oath therein may be guilty of voter fraud which is a Class C felony, punishable by up to five years imprisonment and a \$10,000 fine.



**CERTIFICATION BY THE CANDIDATE**

I, \_\_\_\_\_, the candidate named herein, hereby certify by self-subscribing oath that:

1. I will qualify under the law for the office which I am seeking;
2. I have determined that all of the information on my nomination papers is true and correct (except for that information provided by the voters who signed my nomination papers); and
3. I am in compliance with Section 831-2, HRS, (Rights Lost), dealing with felons.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CERTIFICATION BY THE PARTISAN CANDIDATE**

I, \_\_\_\_\_ the candidate named herein, further certify by self-subscribing oath that I am a member of the \_\_\_\_\_ Party.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CERTIFICATION BY ELECTED STATE AND COUNTY OFFICERS  
WHO ARE CANDIDATES FOR ANOTHER STATE OR COUNTY OFFICE**

I further certify by self-subscribing oath that I have complied with Article II, Section 7, of the Constitution of the State of Hawaii (Resignation from Public Office) and qualify under the law to be a candidate for another State or County office.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**MAILING ADDRESS**

My mailing address is \_\_\_\_\_

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Name I want printed on the ballot is:

Name on Ballot  
(27 spaces only)

Use this format: LASTNAME, First M. I., Jr. (Nickname).

**ISSUED BY**

Office of \_\_\_\_\_

Date \_\_\_\_\_

At \_\_\_\_\_ o'clock \_\_\_\_\_ m.

By \_\_\_\_\_

**RECEIVED BY**

Office of \_\_\_\_\_

Date \_\_\_\_\_

At \_\_\_\_\_ o'clock \_\_\_\_\_ m.

By \_\_\_\_\_

Complete **EITHER** Oath of Loyalty **OR** Affirmation

**OATH OF LOYALTY**

I, \_\_\_\_\_ do solemnly swear and declare, on oath that if elected to office I will support and defend the Constitution and laws of the United States of America, and the Constitution and laws of the State of Hawaii, and will bear true faith and allegiance to the same; that if elected I will faithfully discharge my duties as \_\_\_\_\_ to the best of my ability; that I take this obligation freely, without any mental reservation or purpose of evasion; So help me God.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**AFFIRMATION**

I, \_\_\_\_\_ do solemnly, sincerely and truly affirm and declare, that if elected to office I will support and defend the Constitution and laws of the United States of America, and the Constitution and laws of the State of Hawaii, and will bear true faith and allegiance to the same; that if elected I will faithfully discharge my duties as \_\_\_\_\_ to the best of my ability; that I take this obligation freely, without any mental reservation or purpose of evasion.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Hawaii

My Commission Expires: \_\_\_\_\_  
or

By \_\_\_\_\_  
Clerk or Public Officer authorized to administer oaths.

(Page 4)

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SPECIMEN

Signatory Verification: No. valid: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

SOCIAL SECURITY NUMBER			PRINT YOUR LEGAL NAME HERE			PRINT YOUR RESIDENCE ADDRESS HERE (Mailing Addresses Not Acceptable; Such As: P.O. Box, Rural Route #, Star Route #, House Carrier Route #, etc.)			DATE OF BIRTH			SIGN THE NAME UNDER WHICH YOU ARE REGISTERED TO VOTE			(For Official Use Only)		
Numero ti social security yo			Imaldit ti Naganyo a Mainugot iti Linteg			(Saan a Maanugot ti Pakaiturongan ti surat; Kas iti: P.O. Box, Rural Route #, Star Route #, House Carrier Route #, kdpv.)			Pannakayanak yo			Ipirma ti Nagan a Kas iti Nailista iti Listaan Dagiti Mabalinna ti Agpili					
社会保障番号			あなたの名前を楷書で記入してください。			あなたが選挙人登録をした時の住所を楷書で記入してください。 (郵便番号、地方ルート番号、スター・ルート番号、ハウス・キャリアー番号、その他の郵便物宛先は不可。)			生年月日			あなたが選挙人登録をした時の名前を署名してください。					
			Last, Apelyedo 姓	First Umona a nagan 名前	Middle Agtengnga a nagan ミドルネーム	House No. Numero ti balay yo 番地	Street Name Nagan ti kalsada 通りの名称	Apt. # Numero ti Apartment アパート番号	Mon/Day/Year Bulan / Aldaw / Tawen 月 日 年	First Umona a nagan 姓	Middle Agtengnga a nagan 名前	Last Apelyedo ミドルネーム	Fill in signatory's district/precinct (or district number) and voter registration status.				
E x a m p l e:																	
555	00	0000	Public, John Q.			100 Honolulu Street, Apt. 101			01 / 01 / 50			John Q. Public			Dist	Prec	Status

SPECIMEN

**NOMINATION PAPER FOR**

**PAPEL ITI PANAKADUTOK NI**

**候補者推薦用紙**

LEGAL NAME:	FIRST NAME	MIDDLE NAME OR INITIAL(S)	LAST NAME
NAME COMMONLY KNOWN AS:	FIRST NAME	MIDDLE NAME OR INITIAL(S)	LAST NAME
RESIDENCE ADDRESS:	HOUSE NUMBER	STREET NAME	APARTMENT NO.
	CITY OR TOWN	ZIP CODE	COUNTY

NOTE: HRS §11-15 in conjunction with HRS §12-4 requires the provision of a social security number by each signer or else the signature will not be counted. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

**OFFICE - POLITICAL PARTY OR NONPARTISAN - ELECTORAL JURISDICTION**

**OPISINA - PARTIDO POLITICAL WENNO AWANAN PARTIDO - MASAKUPAN ITI PANAGPIPILI**

**職務－所属政党又は無所属－選挙区(州、郡または地区)**

OFFICE

POLITICAL PARTY OR NONPARTISAN

ELECTORAL JURISDICTION (STATE or COUNTY or DISTRICT)

**INFORMATION FOR CANDIDATES:**

**OFFICES AND NUMBER OF VALID SIGNATURES REQUIRED**

OFFICES	MINIMUM NUMBER OF VALID SIGNATURES REQUIRED
<input type="checkbox"/> United States Senator, Governor, and Lieutenant Governor	At least Twenty-Five (25) valid signatures of qualified voters of the State
<input type="checkbox"/> United States Representative	At least Twenty-Five (25) valid signatures of qualified voters of the Respective District
<input type="checkbox"/> State Senator and State Representative	At least Fifteen (15) valid signatures of qualified voters of the Respective District
<input type="checkbox"/> Mayor	At least Fifteen (15) valid signatures of qualified voters of the Respective County
<input type="checkbox"/> Councilmember and Prosecuting Attorney	At least Fifteen (15) valid signatures of qualified voters of the Respective County or District Concerned

We, by signature hereon, nominate the person named above as a candidate on the ballot to be voted on at the next Primary or Special Election and we declare that we are duly registered voters and that we are eligible to vote for the candidate. We understand that we may sign nomination papers for only one candidate for a particular elective office if there is only one seat available. If more than one seat is available for election, then we may sign as many nomination papers as there are available seats.

Dakami, babaen ti panagpipili itoy, dutokanmi ti tao a nainaganan iti ngato a kas papili iti balota a mabotosan inton sumaruno a Panagpipili Primaria wenno Naisangayan a Panagpipili ken ipaneknekmi a nainkalintegan ti panakailista dagiti naganmi iti listaan dagiti mabalin nga agpili iti sumaruno a panagpipili. Maawatanmi a mabalinmi ti agpirma iti papel a mangdutok iti maysa laeng a papili nga agpaay iti maitutop a pagtakeman no maymaysa laeng iti takem a kasapulan. No nasursurok ngem maysa iti takem a kasapulan iti panagpipili, iti kasta mabalinmi iti agpirma kadagiti papeles a pangdutok a kas iti bilang dagiti pagtakeman a kasapulan.

我々は、上記の人物を次期予備選挙および特別選挙における候補者としてここに署名し、推薦します。そして我々が正当に登録した選挙人であり、次期選挙において当該候補者のために投票する資格を有するものであることを誓います。選挙される職務が一つの場合、その職務について一名の候補者のみを推薦し、署名すべきことを我々は理解しています。選挙される職務が二つ以上ある場合は、職務の数だけの推薦用紙に署名しても良いことを理解しています。

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